

6TL0B8M7XS

21-02525

WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

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Document Number Override, Primary Crash Document#, Agency Crash Number, Investigating Officer/Deputy, Crash Date, Crash Time, Date Arrived, Time Arrived, Date Notified, Time Notified, Total Units, Total Injured, Total Killed, On Emergency, Hit and Run, Lane Closure, Work Zone, Trailer or Towed, Reporting Threshold, Government Property, Active School Zone, School Bus Related, Tags, Reportable, Crash Type, Amended, Secondary Crash

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

Location

ON RIVER ST/ STH136 WB
85 FT E
OF ABLEMAN RD
IN THE TOWN OF EXCELSIOR
IN SAUK COUNTY
Latitude, Longitude, X Coordinate, Y Coordinate, Structure Type

Crash Scene

First Harmful Event, First Harmful Event Location, Manner of Collision, Light Condition, Road Surface Condition(s), Roadway Factor(s), Environment Factor(s), Weather Condition(s), Animal Type, Relation To Trafficway, Crash Classification - Location, Crash Classification - Jurisdiction, Tribal Land, Access Control, Special Study

Unit Summary

Unit Status, Vehicle Operating As Classification, Unit Type, Vehicle Type, Operating As Endorsements, Total Occs, Train/Bus # Recorded, Total # Citations Issued, Total Trailers, Total HazMat Types, Insurance?, Direction Of Travel, Pre Crash Tire Mark, Speed Limit, Total Lanes, Most Harmful Event: Collision With, Special Function, Emergency Motor Vehicle Use, Traffic Way, Traffic Control, Traffic Control Inoperative/Missing, Surface Type, Road Curvature, Road Grade

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Truck Bus or HazMat				
<b>Vehicle</b>				
01 UNIT VEHICLE	License Plate Number	Plate Type	St	Country of Issuance
	636EHM	AUT - AUTOMOBILE	WI	UNITED STATES
	Vehicle Identification Number	Make	Year	Model
	3C4PDDBG2ET143143	DODGE	2014	JOURNEY SX
	Color	Body Style	Bus Use	
	SIL - SILVER (ALUMINUM)	LL - CARRYALL		
	Initial Contact Point	Vehicle Damage		
11 - LEFT FRONT CORNER	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT			
Extent Of Damage	FUNCTIONAL DAMAGE			
Towed Due To Damage	Vehicle Removed By			
NOT TOWED	OPERATOR			
What Driver Was Doing	Vehicle Factors			
Driver Prior Action Other				
Driver Actions	NO CONTRIBUTING ACTION			
Owner Name	Owner Address			
<b>Policy Holder</b>				
Insurance Company	Individual			
STATE-FARM-MUTUAL-AUTOMOBILE-INS-CO	CARIE VALEK			
<b>Individual</b>				
Driver	Citations Issued	Sex		
CARIE ANN VALEK (608) 495-2275	0	FEMALE		
	Date of Birth	Race		
		WHITE		
Address	Driver License Number			
200 MADISON ST ROCK SPRINGS, WI 53961 , US	STATE: WISCONSIN COUNTRY: UNITED STATES			
<b>Safety Equipment</b>		On Duty Crash		
		Safety Equipment		
Row	Seat Position	SHOULDER & LAP BELT		
Helmet Use	Helmet Compliance			
Eye Protection	Tint Compliance			
<b>Injury</b>		Airbag		
Injury Severity		NO APPARENT INJURY		
Ejected	Ejection Path	Trapped/Extricated		
Medical Transport	EMS Agency Identifier	EMS Run #		
NOT TRANSPORTED				
Hospital	Date of Death	Time of Death		

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<b>UNIT INDIVIDUAL          01 001</b>	<b>Distracted By</b> Distracted By Source	
	Distracted By Action	
	<b>Non Motorist</b>	Striking Unit # Location
	Prior Action	
	Action	
	Action Other	
	To/From School	
	<b>Drug &amp; Alcohol</b>	Suspected Alcohol Use <b>NO</b>
		Suspected Drug Use <b>NO</b>
	Alcohol Test Given <b>TEST NOT GIVEN</b>	Alcohol Test Type
	Alcohol Test Results	
Drug Test Given <b>TEST NOT GIVEN</b>	Drug Test Type	
	Drug Test Results	
Drug Type		
Individual Condition <b>APPEARED NORMAL</b>		